

contain any new nervous elements whatever. To verify those statements, Dr. Prus has undertaken experiments on rabbits, dogs and guinea pigs, in which, having performed trephining, he made incisions (with Graefe's knife) into the brain, or excised wedge-shaped pieces of the cerebral substance, or grafted portions from one hemisphere to the opposite one. As a rule, the wound inflicted healed kindly more or less rapidly, according to the extent of the lesion. Quite frequently the union proved to be so perfect that not only the wounded area could not be distinguished from its intact neighborhood by the naked eye, but even microscopical local changes were found to be only trifling. "A most complete regeneration of the cerebral tissue took place sometimes also in cases of excision of wedge-shaped pieces, the proliferation process being now and then so lively that the newly formed tissue even rose above the level of the adjacent parts." Similarly, early, the cerebral grafts became often thoroughly united with the subjacent tissue; in fact, they failed to do so only in such cases where there had occurred a rather profuse haemorrhage during the transplantation.—*Wiadomosci Lekarskie*, August, 1888.

VALERIUS IDELSON (Berne).

III. Traumatic Aneurism in a Child Under one Year.
By K. C. BOSE (India). The patient, a girl, æt. 11 months, while playing fell on the floor sustaining a bruise on the left cheek, which in the course of time assumed the form of a big pulsatile tumor, about the size of a potato. The health of the child in no way suffered from the swelling until one day she accidentally scratched the skin covering it, with her nails. Inflammatory symptoms supervened, and a medical practitioner ordered poultices to be applied, subsequently puncturing the tumor. Alarming haemorrhage followed the puncture, which could not be controlled. When the author was summoned he found the child almost bloodless. The dressings were removed from the wound and the clots turned out, a small branch (malar) of the facial artery was feebly spouting and was at once twisted; the soft parts around the wound were sloughing; the following morning it was seen that the haemorrhage had still continued; the sloughing process had spread to the outer canthus of the eye. A consultation was held, and it was de-

cided to adopt further measures. The facial artery was tied ; the inflamed tissues were freely incised ; all the clots were removed, and the wound dressed with boracic ointment. The haemorrhage ceased from this moment, but the child succumbed after three days.—*Indian Medical Gazette*, July, 1888.

H. PERCY DUNN (London).

ABDOMEN.

I. Laparotomy in a Child One Hour Old. By ALEX. DUNLAP, M.D. (Springfield, Ohio). The child was perfect in every respect, vigorous and healthy, except that the bowels, commencing close to the duodenum, down to the sigmoid of the colon and omentum, with the mesentery, dragged through a small opening in the umbilicus, and had been developed in a sac formed in the umbilical cord. The sac would have contained about a pound and a half. He found that it was impossible to return them through the opening without enlarging it, and then when he commenced to enlarge the opening he found that the abdominal cavity was so contracted from the absence of the bowels being developed in it that it would not contain them without enlarging it. He therefore made an opening, commencing at the umbilicus, running up two inches, and then began stretching the walls of the abdomen with his fingers; then catching portions of the bowels and forcing them down into the cavity, while assistants, with hooks passed through the cut edges of the walls of the abdomen, held them firmly up. In about twenty minutes he succeeded in forcing them in and closing the wound with five sutures and ligatures to the cord close up to the natural skin. The operation was performed October 2, 1887, without chloroform or an anæsthetic of any kind, and as far as any visible signs were manifested by the child in struggling, crying, shock or pulse, that it was suffering pain, there was none to be seen. There was nothing to indicate that the child was not enjoying the operation hugely, nor was there the least unpleasant symptom afterward. The child sleeps and nurses well, the stitches are out, and the cord is separating nicely.—*Journal Am. Med. Association*.